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ABSTRACT

Conference papers are concerned with the overall curriculum for the trainable mentally handicapped, physical education and recreation, a psychological evaluation, arts and crafts and associated learning, and language development. Discussed are matters of contingency management in the classroom, programing, evaluation and testing instruments, reporting to parents, individual evaluation of the children, and planning a health program for mentally retarded children. The problems of physical environment as related to special education and the role of the community are also included. (JM)

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CONFERENCE PROCEEDINGS OF INSTITUTE FOR TEACHERS OF TMR

Take the TRAIN out of Trainable

GEORGIA DEPARTMENT OF EDUCATION

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Program for Exceptional Children
Division of Special Education and
Pupil Personnel Services
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Georgia Department of Education
Atlanta, Georgia 30334

Jack P. Nix
State Superintendent of Schools

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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CONFERENCE PROCEEDINGS OF INSTITUTE FOR TEACHERS OF TMR

Take the TRAIN out of Trainable

INTRODUCTION

This publication originated from the outstanding presentations made by leaders in the area of Trainable Mental Retardation at an Institute for TMR Teachers in Georgia. The speakers contributed significantly to the audience's understanding of this education challenge, and it is hoped that this publication will mean just as much to those who read it.

The Institute was the first in the nation planned specifically for TMR teachers. Participants included teachers of state supported TMR classes and teachers from private schools for trainable children.

Elizabeth A. Todd, Consultant
Mental Retardation
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Overview of Curriculum

Mrs. Syble Hopp
Principal, Donovan School
Green Bay, Wisconsin

It is a real privilege for me to have the opportunity to speak to fellow teachers. For the most part, at home, I have been guest speaker for local civic organizations, teacher groups, etc. No one but a TMR teacher realizes how vocabulary can be limited so easily to one syllable words or how thrilling it can be to hear one of our children actually say a few understandable words. When a child says, "Me go too," I'm so happy he's said something that I don't worry whether the grammar is correct.

I'd like to give you a little background of our school. Our program started 13 years ago; I was the first teacher and taught 15 children. After two years, I switched to the area of trainable mental retardation and have taught the TMR children for 11 years. In some cases, when the children say, "You're the best teacher we've ever had," I laugh, as I'm the only one they have ever had.

The program has now grown to 11 full-time teachers and 150 children. Of this number, 120 are educables and 30 are trainables. The primary trainables attend school two hours--a class in the morning and one in the afternoon. The intermediate and the upper trainables are in school five hours.

I worked very closely with Mr. Joseph Donovan, our county superintendent of schools. I was more fortunate than many teachers as I was allowed complete freedom to explore new ideas that I thought would be valuable in our curriculum. Mr. Donovan encouraged this freedom of thought and never said no to a new idea regardless of how improbable it may have seemed at the time. Because of his cooperation, our program is considered one of the best in the state.

I'd like to share this true story of the little retarded boy who went to Sunday School for the first time. The mother said, "What did you do today in Sunday School?"

Johnny said, "I don't know."

His mother said, "Sure you know--think now--what did you do?"

Johnny said, "Oh yes, I remember now, we sang."

Mother said, "That's nice. What did you sing?"

Johnny said, "Well, everyone else sang 'Jesus Loves Me,' but I didn't know that one so I sang 'Old McDonald Had a Farm.'"

I have divided my slides into skills, and the first ones are the self-help skills.

SELF-HELP SKILLS

We hope to develop in the child a pattern of behavior which will make him as independent as possible. Helping a child help himself will make him a better member of his family, more acceptable at school and in his neighborhood.

Helping the Child Help Himself

1. Put on and take off shoes and socks, blouses and shirts. (Do this every day until child can do it alone.)

2. Hang up outer clothing on hangers. Learn to button buttons and zip zippers.

3. Brush teeth (received free electric tooth brushes from Tri-County Dental Association for each room). Children insert own brush.

4. Comb and style hair. University students on work-study program give individual help. Call college of cosmetology if possible and have beauticians come and help girls style hair, manicure nails, etc.

5. Wash face and hands--each child has own towel and washcloth.

6. Teach children to turn faucets and get water to right temperature.

7. Get a shoe shine kit and teach children to shine shoes. In our school this is Mark's favorite job. He not only keeps his shoes shined, but also his classmates'. He even inspects the teacher's shoes, and if he thinks they need a shine, shines them.

8. Teaching children to tie shoes is one of the hardest jobs we have. I have a couple of boys who after 12 years in school are still not able to tie shoes. They have cerebral palsy, and their fingers just will not coordinate.

9. When my boys started kissing me good night, and their whiskers pricked, I knew it was time to teach them to shave. I took one of my husband's electric razors to school and taught all my older boys to shave. This last spring, I had a male cadet teacher who did his practice teaching with me. He was a big help in teaching my boys to shave.

   I always encourage cadet teachers to visit our school as I think I just may get one interested in teaching retarded children. I also encourage high school and college visitors as they just may get interested and switch fields. I talk and show slides to all future teacher groups in the high schools and invite them to visit our school.

10. Teach children to dial their home phone with toy telephones. Each child has his phone number written on a card. He dials the number over and over again, and eventually we hope he can do it without the card. The phones are run by batteries, and the children love talking to each other. The telephone company gave our school a free set for each TMR classroom. If you are unable to receive a set as a permanent donation, I'm sure you could have one on a loan basis.

11. We do not use books to teach reading, but we do teach safety words we think will help the children when they are older--words such as exit, stop, go, boys, girls, eat, rest rooms, etc. I have about 40 words which many of my boys and girls know. Whenever I think of a word they may need I add it to their list. When we go on a field trip, we look for these words and see if the children remember them and can apply them to everyday living.

12. We spend a great deal of time in the gym teaching motor skills.
    Going up and down steps--(Steps were made by our janitor and are movable.)
    Walking planks--(Starting with wide ones and working toward walking on narrow ones.)
    Raise planks higher off floor gradually--first a few inches and then higher--to increase difficulty of stepping up and down and control of balance.
    Use flags, umbrellas, etc. to improve balance and coordination.

13. Play basketball in gym.

14. Large cage ball--may be used inside or outside.

15. Large inner tubes--Children may roll, sit on, jump on, lay on, etc. Call a farm equipment store and they will be more than happy to give old inner tubes and tires to schools. The large tires may be used for sandboxes. Children enjoy walking around them, etc.

WORK SKILLS

A TMR student must learn to enjoy a useful and satisfying occupation. He will not only be helping himself, but he will be doing his share of household tasks and possibly some type of work in a sheltered environment or in his community as he grows older.

I am fortunate to have a washer, dryer, stove, refrigerator, iron and ironing board in my classroom. We feel it is very important that those who are able to learn how to use these things do learn. Many are able to help mother at home. I believe I'm the only teacher in Brown County who can bring my husband's shirts to school and have them laundered.

Make a chart for duties. Change names every day to give everyone a turn.

EXAMPLE:	Milk carton	JOHN
	Straws	MARY
	Spoon and fork	SALLY

1. Washing hand laundry

2. Cooking simple dishes

3. Making cakes, cupcakes, cookies, etc. (Use all box mixes.) Most of the children can remember what to add without being able to read. Shop for groceries first. Go to local store, pay, etc.

4. Making sandwiches for lunch

5. Making jello, pudding, etc.

6. Cooking breakfast, teaching children to mix fruit juices, fry an egg, make toast--(Good culminating activities after a food unit.)

7. We often make part of our lunch. We do have a full-time cook who makes a complete dinner for all children, but she lets us help when we can fit it into our schedule.

8. Making beds--We have a roll-away bed which we can roll from room to room. We hope everyone will learn to make the bed. A couple of years ago, I had a boy who went to Boy Scout Camp for a few days. After the first night the counselor called me and said, "Syble, how come Freddy makes his bed and then tears it up?" I laughed and said, "That's what we do in school. One child takes his turn, and we tear it up and the next child takes his turn." You can be sure that when Freddy returned to school he had a new lesson to learn.

9. Setting tables and serving lunches

10. Clearing and washing tables

11. Sweeping floors and using the dust mop

12. Washing mirrors

13. Dusting

14. Taking care of pets

15. Using a typewriter--(Many can learn to type simple words and sentences.)

16. Using embossograph machine donated by Women's Service League. Children can make signs. They have made all the signs for our school, YMCA, etc. They also make desk plates for parents.

17. Learn jobs that are done at the Sheltered Work Center. Work with them in school to teach the skill and then teach them to stick to the same job until completed. In most cases at workshops, TMR students cannot stay on one job very long.

18. Learning value of money--use real money--play store, etc.

19. Craft work--make things for school, home, sale to make money, for gifts.

20. Washing cars--We have a couple of TMR students employed in a local car wash.

SOCIAL SKILLS

The TMR child cannot perform as an isolated person if he is to achieve any degree of competence for social living. Keeping this in mind, we believe in a great deal of social training.

1. Greet visitors, take coat, give them a chair, serve refreshments. Be sure parents let them participate at home.

2. Take bus trips. Learn where the bus stops, how to get on and off bus, how to pay, how to behave on the bus, where bus stops, etc. All these skills can be learned on supervised bus trips.

3. Trips for treats. Local ice cream store. Learn how to act--how to give order to waitress. Learn value of money--how to pay for treats. Learn social graces.

4. Invitations to McDonalds, Dairy Queen, etc. for treats. Be sure even if the treat is free that the child has some way of paying. The managers usually give me free coupons. I explain to the children that they are to pay for treats.

5. Attend Easter and Christmas parties at local department store in beautiful dining room. Children look forward to this and save their money. Store president meets and greets them and also informs me the treat is on the house. However, so that the children do not think they can order treats and not pay, I have them pay the cashier who gives me all the money as I leave.

6. Many parties at teacher's home to teach them how to act in someone else's home.

RECREATION SKILLS

Because recreational activities are a very valuable part of the child's life at school, they become a part of his everyday habits at home, thereby providing fun and entertainment in his leisure hours. We feel recreational skills are very important.

1. Tricycle in primary room
2. Weight lifting--building muscles
3. Physical education in gym (very important)
4. Calisthenics
5. Learn to use playground equipment.
6. Teach safety.
7. Trampoline (very good for balance and coordination)
8. Golf (Use plastic balls.)
9. Take them to a miniature golf course--they love it.
10. Go on many field trips (always with a purpose in mind). In the fall gather dried weeds for centerpieces, pine cones, acorns, sea shells, milk pods, colored leaves, hickory nuts, etc. Fruit farms will let you in at close of season.

    Apple picking--make applesauce, pie, caramel apples, etc. Pick tomatoes, carrots, etc. at local truck garden. Go to fire station, bus station, post office, etc.--all local points of interest.
    Dairy farm--buy cream and make butter in school, bake bread and use own butter. Make ice cream and freeze.
    Go to zoo.
11. Carnival grounds--Teach children how to use and enjoy equipment. Teach safety.
12. Circus--Police brought clowns to our school, and clowns entertained children at school and rode on bus to circus. Everything was provided for our boys and girls by local Shrine Club.
13. Bowling at local bowling alley--Free bowling was provided by alley; children had free treats and dancing after bowling. All children participate. Older children bowl between 125 and 130. Skills learned: (a) learn shoe size; (b) put on and take off shoes; (c) hang up clothes; (d) social graces; (e) improve eye-hand coordination.

14. Swimming at local YMCA--Instructors and teachers go in the pool with the children. Students learn how to dress and undress, how to shower, how to turn water on and off. Seventeen out of thirty-two have learned to swim in large olympic-sized pool. Twelve can dive with three diving off high $10\frac{1}{2}$ foot diving board.

15. Pajama Parties at Teacher's Home--Children arrive at 2:00 p.m. and return home at 11:00 a.m. Christmas and spring parties include intermediate and upper trainable students. Children learn to take care of all personal needs. Activities are planned in advance--outdoor activities in springtime, organized games, mowing lawn, preparing outdoor cookout. Wintertime activities are outdoor play, indoor games, dancing, watching television, popping corn, roasting marshmallows, etc.

    Children must take care of clothing, brush teeth, wash, dress, undress, prepare sleeping bag, etc. Prepare breakfast and wash dishes.

16. Three-day Camping Trip--Intermediate and upper trainable students experience outdoor living at Hopp's cottage. Children and counselors stay in tents. Children take care of all personal needs and enjoy hiking, fishing, boating, swimming, jogging, playing outdoor games, preparing meals, serving, cleaning up, washing dishes.

The Community Service Center in Green Bay was built with federal and local funds and sponsored by Brown County Association for Retarded Children. It serves Brown County and nine surrounding counties. The Center has a preschool program for children from three to six years of age, before they enter a special class. The Center also takes care of the post-school young adults after they are out of school. They learn a trade and are placed on a job in the community. Most trainable students remain in the Center indefinitely. We do have a few employed in the community--car wash, janitor's helper, local florist.

Physical Education and Recreation

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Washington, D.C.

Questions to Ask Yourself

1. Should the initial concern in physical education for the mentally retarded be education of the physical rather than education through the physical? Are there minimum levels of strength, endurance, coordination, agility, flexibility, speed and specific items of motor ability that must be developed before participation in physical education activities can be used as a means of attaining certain intellectual, emotional and social objectives?

2. What knowledge, skills and competencies are needed by the physical educator or recreation specialist to work with the mentally retarded in these programs?

3. Why do the retarded lack skills in motor activities, physical fitness and other movement abilities?

4. Is the retarded child's inability to learn, perform and achieve a reflection of his inability or of our inability to teach and reach him?

5. Does the retarded in fact have a short attention span, or is this a reflection of lack of interest, motivation or understanding of what is expected of him?

6. What influence do motivation, previous experience, understanding of activities, significance of the activities themselves have for the retarded? Does the terminology used influence the levels of performance on motor and physical activities?

7. Exactly what does the term mental retardation mean? What behavior does the term cover? Do we mean educationally or academically retarded? In what ways does the IQ affect performance in motor and physical activities? How has the IQ as a criterion influenced the concept of retardation?

Thoughts About This Institute

1. There is no one program that can be used successfully in any and all situations. Too many programs want ready made, pat answers for complex and complicated situations that are not amenable to a patterned approach. Activities and approaches found to be successful by one person will not in themselves be successful for another in the same situation or for the same

person in another circumstance or environment. Important considerations are the individual, the instructor (especially his personality), goals of the program, direction of the activities, facilities, equipment, supplies, administrative and community support, etc.

2. In viewing demonstrations and descriptions of a program, look behind and beyond what is actually going on in the presentation. Don't accept or reject on the basis of just what you see. Rather, look behind the activities and methods to the rationale, philosophy and reason for doing things in these ways. Let these demonstrations stimulate your creative thought, innovative ability and resourcefulness.

3. The success or failure of this institute cannot be determined at its conclusion! No matter how interesting the lectures, stimulating the demonstrations, profitable the opportunity for exchange and interchange with others or enjoyable the social activities, the real success (or failure) of this program must be deferred until it can be determined how these sessions have brought about new programs where there are now none and enrichment in already existing programs.

Traps to Avoid in Programming

1. Don't select activities for the retarded on the basis of your interests, abilities, background and experience. Select (or guide the individual) activities on the basis of the characteristics of the individual or group with which you are working. Many things that you and I learned by being one of the kids on the block must be taught the retarded. Many seemingly simple activities are most significant for the retarded.

2. While gymnasia, large playfields, swimming pools and equipment and supplies designed for specific purposes are nice to have, they are not requisites for a successful program. Many outstanding programs are being conducted in limited areas (both indoor and outdoor), and with much home-made equipment. In fact, many retardates enjoy and derive more benefit from these items than from elaborate and expensive things (much like at Christmas time when children put the new toys in the corner and have a great time playing with the paper and boxes!). Many exciting activities can be developed with tires, inner tubes (automobile, bicycle, truck), rope, barrels, boards and planks, pipe, parachutes, old telephone poles, logs, chairs, etc.--the sky is the limit! In addition, bean bags, sticks, hoops, etc. can be used in these programs. Determine the needs and adapt what you have to in order to meet these needs. Be resourceful, creative and innovative.

3. Many times the retarded's inability to do (or even try) is a reflection of our lack of expectation in him (very much like the bumble bee, which according to scientific evidence can't fly!). We should emphasize ability (not disability), encourage (not discourage) and accentuate the positive (not the negative). Provide challenge and offer activities in logical, sequential, progressive and smaller doses than usual. Use concrete approaches rather than abstract.

Why Physical Education and Recreation for the Retarded?

The breadth of activities and opportunities in both physical education and recreation is so great that regardless of one's age, ability, background, experience or functional level, he can find things that he can do and in which he can succeed. This will help him to:

1. get out of the failure-frustration cycle that so many retardates have known;
2. take pride in what he is doing;
3. see a task through from beginning to end;
4. become more cooperative (and competitive);
5. become more physically fit;
6. gain in confidence, self-esteem, self-respect and self-image;
7. experiment, spread his wings and try things on his own--to be creative;
8. become more socially aware and emotionally stable;
9. be less hyperactive (or less hypoactive);
10. develop skills and abilities that are fundamental and basic to the learning of more complex and complicated skills and abilities of a more intellectual nature (e.g., readin', writin', and 'rithmetic);
11. become more motivated to try and do things and to participate in more activities;
12. HAVE FUN!

These things just don't happen without effort. The program must be designed with purposes and activities selected to meet specific needs of the individual and the group, and activities must be used on the basis of their contributions to the attainment of the desired ends. (The same activity can be used to emphasize different abilities; relays can be used to emphasize social skills as well as motor abilities.)

Cause and Effect

We must be analytical in determining the appropriate relationship between cause and effect.

1. Why can't Johnny catch a ball? (Poor motor control? Inability to track the ball visually? Doesn't like the activity? The attack should differ with the reason for difficulty.)

2. Why can't Johnny hit a baseball? (Poor motor coordination? Inability to track the ball? Dislikes the activity? Lacks understanding of what is expected? Some emotional problem? Doesn't like to hit anything, even a ball with a bat?)

3. Johnny (a real one) was diagnosed as blind and retarded--and wasn't either!

4. A boy was diagnosed as retarded and lived in a residential facility for 12 years. He was found to be deaf and on his next IQ test scored higher than the superintendent of the facility!

5. Are many of these children in fact mentally retarded, or are they academically or educationally retarded? Aren't many children who today are diagnosed and classified as "children with specific learning disabilities" ones who even five years ago would have been placed in special education classes for the mentally retarded?

Stages of Play

1. Individual--child plays by himself.

2. Parallel--two or more children occupy the same physical environment but have little or no contact with one another (being almost oblivious of each other). Example: Two children playing independently in the same sand box.

3. Cooperative--interaction between or among individuals and groups in which they work together and cooperate. This play is the basis for team and true group activity.

Children, retarded or not, progress through these stages, and we must be alert to the stage each is in, selecting appropriate activities and being ever alert to encourage and challenge them to move to the next stage. There are times when the mental age of the child, rather than his chronological age, will be a better guide in determining the level of play that the retardate is in and of which he is capable.

Stages of Teaching

1. Abstract stimulus--signals, signs, words, etc. which have special meanings that must be received, interpreted and reacted to prior to action;

2. Verbal stimulus--instructions given orally so the individual responds to the spoken word; there are some studies which suggest the retarded respond more readily to stimuli received auditorially than do the non-retarded;

3. Visual stimulus--instructions given with emphasis upon things visual (e.g., demonstrations, pictures, slides, films, loop-films, etc.);

4. Tactile stimulus--use of the tactile sense in that the body parts are touched so the individual feels the part to be moved; this is seldom, if ever, used by itself, but rather as a means of reinforcing visual and/or verbal stimuli;

5. Kinesthetic--patterning-assistive-controlling the output--Different terms are used to show the similarity in what different people are doing but calling by various names (physical educator, Doman-Delcato, physical therapist, Kephart). The part is actually moved through the desired movement, capitalizing on the kinesthetic (proprioceptive) feedback from muscles to brain--the ability that lets us know where our body parts are when we can't see them.

The Physical Education Core

May I be so bold as to suggest that strong consideration be given to considering a physical education-recreation core in programming for the mentally retarded? With this approach, much greater meaning and significance can be given to the activities for the individual. Segments or blocks of time during the school day can be built around this core with each focusing on different abilities, skills and competencies. For example, times emphasizing each of the following could be included: (1) physical fitness; (2) motor ability; (3) perceptual development; (4) social awareness, skill and competency; (5) arithmetic concepts and manipulations; (6) oral expressions; (7) written lessons; (8) art lessons; (9) music activities; (10) remedial activities; (11) history and geography; (12) health; (13) safety; (14) vocational readiness activities and more direct preparation and so on. Such an approach is built around activities that can be functional, meaningful and significant to the retarded and in which they have fun participating. These activities are fun, stimulating and motivating.

Motivation

1. The key to success in any activity is the challenge and motivation given the individual. When challenged and motivated, the retarded are capable of doing things and accomplishing results that are not thought possible even by the extreme optimist. Remember the bumble bee!

2. Many times the retarded students' inability to do (or even try) is a reflection of our lack of expectation in them. We should emphasize ability; encourage and accentuate the positive.

3. Examples of how motivation has and does affect the performance of retarded youngsters are: (a) a 300-yard run in the camping study where some ran well, others chased the investigator and a few had to be dragged the distance; (b) one of two boys doing pull-ups gets tired but keeps on

going while the other who is the same height, weight and age as the first got tired at the same point and quit; (c) boys who can't do long division in the classroom but can figure out their batting average or team's won-loss percentage; (d) those who have learned to read when wanting to stay up with their favorite baseball or hockey teams.

Conclusion

Really--what's new in all of this?

Theodore Roosevelt--"The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood--who knows the great enthusiasm, the great devotions and spends himself in a worthy cause!"

The retarded don't ask for sympathy--they only ask for opportunity so they can say, "Give me pride; give me substance; give me a life of my own--and I'll stop feeding off yours."

The Psychological Evaluation of Trainable Mentally Retarded

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Before giving you some suggestions on how to evaluate trainable retarded children, I would like to make three points concerning recent developments in the evaluation and rehabilitation of children in general.

In the first place, let me note that the last years have been extremely productive in the area of techniques of evaluation.

Tests and techniques that provide a good, solid basis for the evaluation of children who do not have normal psychological developments--

Vineland Social Maturity Scale for the measurement of social competence, developed by Edgar A. Doll

Verbal Language Development Scale, developed by Mecham

Pre-School Attainment Record

First Grade Screening Test

Peabody Picture Vocabulary Test

All of these materials are available from the American Guidance Service, Inc., Publishers' Building, Central Pines, Minnesota 55014.

Other screening instruments--

Frostig Developmental Test of Visual Perception, developed by Maryanne Frostig

Illinois Test of Psycholinguistic Ability, developed by Samuel Kirk and James McCarthy.

To evaluate children at the preschool level or extremely retarded children--

Wechsler Preschool Children Intelligence Scale

Julia Vane's Kindergarten Test

Stanford-Binet Intelligence Test for Children

All of these techniques of individual testing would help in the screening and placement of students having various degrees of retardation and superior development.

The second hopeful development in the last decade pertains to three breakthrough areas that promise potential change in the amelioration and rehabilitation of trainable mentally retarded. As I am sure you will hear from other consultants at this institute, these three areas pertain to new technological innovations in (a) teaching machines, programmed instruction, computer assisted education, using hardware, TV and audiovisual aids; (b) growth of new techniques of remediation; (c) behavior modification and allied developments. With so many new programs, even a qualified person finds it difficult to choose the best direction to take.

The question that will need an answer is which trainable mentally retarded students can profit most from which program and at what cost. The question is not whether any one of these areas and programs is useful, since this question would imply that blanket application of all programs to all students would be beneficial.

In our almost irrational rush to help, to rehabilitate, to improve, many programmers, tutors and educators have forgotten or belittled this problem. Yet, I submit to you and to them that unless we evaluate carefully and systematically each child before and after any program of rehabilitation, our knowledge will remain stagnant and our progress nil. I would go as far as to declare "No rehabilitation without evaluation" and paraphrase an old military dictum in saying "If and when you want to rehabilitate, evaluate, evaluate and evaluate."

Set up baseline measures, reapply the same measures at the end of a program of evaluation and follow up with a third evaluation two to three years later. Unless this program is followed, a great many millions of dollars will be wasted, and lots of energy and effort will go down the drain. Unless the evaluator cooperates with the rehabilitator, of whatever persuasion and specialization, our children are not going to be helped. Clinical psychologists could make vast contributions if they stopped and thought before doing therapy, modifying and sensitizing.

Unfortunately, developments in theory have not paralleled the most recent developments in techniques of evaluation and rehabilitation. This area of evaluation of children is the weakest. We do not have any satisfactory models to allow us to select tests; we have no criteria to select test batteries; and we do not have logical, empirical methods of test evaluation and battery interpretation which flow directly from the theory. We are operating on a catch-as-you-can, almost chaotic situation, whereby one person's criteria are another's curse.

In our concern to improve the chaotic state of affairs in the area of evaluation of children, we have submitted a model based on a couple of assumptions which I would like to share with you. In the first place, in considering the whole area of traditional evaluation of children, we conclude that too much concern and emphasis has been put to evaluating what a child says and does and not enough emphasis on what he hears and what he sees. Once this incorrect emphasis is corrected, and the child is indeed evaluated in his reception, visual and auditory input, as well as in his expression, manual and vocal output, a great many things fall into place and a better understanding of children follows.

For instance, we discovered that children who showed discrepancies between receptive and expressive vocabulary also had a lower score on reading, writing and arithmetic. In addition, we discovered that the ratio of receptive to expressive skills does change as a function of sex, cultural background and brain damage. For instance, we feel that the brain damaged child is defective in his receptive skills. Culturally deprived children are defective in expressive skills. Thus, these children should show different kinds of patterns as a result of evaluation of both sides of the coin of reception-expression. The emotionally disturbed child usually shows greater inconsistency and greater variability, but on the whole he would need to approach the average norms of a child with a similar cultural background.

The model that we have suggested not only indicates some expectations in terms of what patterns to follow but also suggests the qualifications of tests which should be used to cover some of these modalities we feel are important in understanding audition, vision, language and coordination in children. Although we try to cover each input and output modality by two tests for a total of eight tests, for economic and practical reasons sometimes we have to scale down our ideal battery to only a few. Thus, at the present time, to screen Headstart children for first grade work, we are using a pared down battery composed of (a) the Peabody Picture Vocabulary Test used in the traditional recognition form; in addition, we ask the child to define words drawn from the alternative form list, thus the same test gives us information about receptive and expressive vocabulary functions; (b) the Columbia Mental Maturity Scale to assess his visual receptive functions; and (c) the drawings of the human figures scored according to the Goodenough method to assess even minimally his motor expressive functions. Thus, in a relatively short time, we try to achieve a maximal understanding of the child's overall efficiency in four distinct areas. The major conclusion of this type of testing is not to consider the child as one box with a big IQ score stamped on his forehead, but to see him as a child who may have some specific and definite assets and liabilities in each of these areas.

Training, remediation and teaching can and should be based on such a differential view rather than the view that would make one child with an IQ of 65 similar to another child with an IQ of 65, while indeed the patterns of assets and liabilities may be completely opposite. One child could be extremely superior in his verbal skills and poor in his motor skills while another with the same overall IQ would have completely opposite patterns. We hope that a more differential evaluation of children at any level of intelligence and with any form of disability will aim to tie theory with practice and even more importantly to relate evaluation to teaching, remediation and rehabilitation.

In terms of the more practical aspects of an evaluation, up to now I have been talking very much like a psychologist for psychologists, but I have not forgotten the practical needs of teachers who face a wide range of abilities in a great number of children. In the first place, let me make the point that most teachers are extremely sensitive and acute in discovering retarded children; you may use your common sense judgment.

In our work in Gwinnett County, we have been able to corroborate that at least three out of four children who were considered retarded turned out to have a below average intelligence level. Certainly I would not underevaluate in any way your common sense judgment.

However, if some of you don't trust your judgment or would like to refine your judgment in terms of screening out obviously trainable retarded children, I can give you some simple suggestions that you might want to use in performing this task a little more responsibly and much more systematically. You might want to devote your attention to nine simple areas which some of you will recognize as essentially borrowed from existing tests of intelligence.

1. In recognition, ask the child to "Show me." (Something in the room will do well for the purpose--whether it is a chair, table, pencil or piece of paper.) You would expect the child in the first grade to recognize almost anything that is available in the room. If there are some obvious deficits in recognition to the point that recognition is limited to only one or two items, you can start going to the next step. If recognition is wide and detailed, you can almost stop at this point if you feel satisfied.

2. After the child has recognized a chair, ask "What is it made of?"

3. The next step after recognition and composition would be to attach the function to a word, since we expect a child at the first grade or below not only to have a knowledge of common objects but to have some idea of the functional aspects of what an object is. He not only needs to recognize what a chair or a book or a shoe are and are made of, but he should also be aware of what they are for. We expect, as a whole, these functions to begin appearing in children at the age of four. You could use some of the same objects that he has already recognized in the first step to cover the second and third steps.

4. The fourth step is to become a little more abstract and to ask the child to tell you what very simple words are; for instance, defining a ball, a stove or a hat in very general terms. You also expect this expressive ability to be present by age five.

5. Once you have covered words, you might also want to look at a child's visual-motor functioning. Often the first step is to ask the child to draw the simplest geometrical forms which, in order of difficulty, are a circle, a square and a triangle. For admission to the first grade, you expect the child to be able at least to draw a good circle and a square.

6. The next step would consist of asking the child to draw a person or figure or even another child. On the basis of his drawing, the details made and the differentiation of the body parts, you can get an idea of his articulation and differentiation in terms of an intellectual level. You expect for a six-year old child to show arms, legs, body, head and a few items, like fingers, eyes and mouth.

7. After you have finished with the sixth step, you might then want to give some ideas of numbers. Have him either count up to three or four or otherwise establish whether he has concept of at least two or three. If he does not have this concept, then you need to go to the next step, since essentially he would have failed this item.

8. The eighth step is to see how he answers instructions. For instance, ask him to go to the door, close or open it and bring you back an item which is in sight of your desk, either on the walls or located somewhere in the room. You expect a child of six to be able to understand a command consisting of three items: going to the door, either shutting or opening it and then bringing you something. This command must be given in one sentence.

9. The ninth item of importance is to establish the child's hearing and to check whether he is understanding well, especially if he has failed the previous item. Whisper common words and let the child repeat them. Start with a normal voice and decrease to a whisper. If he passes, then increase the distance from you and let him turn around, his back to you; go to one corner of the room and let him repeat your words.

It would be very effective if some of you, before trying these suggestions with children about whom you are concerned, would follow them with normal children--not only for practice but to establish some norms for your own satisfaction. As an additional, external check, ask the mother about activities that should be part of a five- or six-year-old child's skills, such as self-care, playing with other children, types of games they play, and the use of toys like a wagon, skates, bicycle, cards, and even bingo. If a six-year-old child cannot pass any of these items for reasons other than cases of shyness and withdrawal, he may be severely retarded and need further evaluation. That's where the psychologist comes in.

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Arts and Crafts and Associated Learning

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I feel it is time for us to look deeply into this medium of arts and crafts and skills associated with it. It has been established that people learn by doing; that experience is the best teacher; and that it is much easier and more lasting to teach new ideas and new subject matter when we involve more than one of the senses.

The new materials available for creative thinking give us no excuse to teach the 1960 children with 1950 materials. We can no longer develop a curriculum to be used and reused year after year. Television has given us a barrage of new words, new ideas, new places and certainly an immediate need to associate ourselves with these products and places. Our whole lives are surrounded with textures, synthetics and bright new color combinations. So the urgent need for us as teachers is to be contemporary; to be aware of our time. The arts and crafts work that your children take home is an example of your taste and your motivation, not merely an example of their ability.

Did you ever stop to think that it takes no more teaching on your part to make a woven shoulder strap bag than it does to make a square pot holder?

Think about it for a moment. The "over one, under one" technique is the same. The difference lies in your ability to visualize the end result and to face the fact that the retarded can create if we, as teachers, will extend ourselves to teach them.

Everyone wants status--with family, friends, church, etc.--and since this is often denied the retardate we must think of inner status. Inner status comes from making something beautiful and useful that lasts and lasts and lasts. The child knows this feeling when he receives a polite "How nice!" and when someone shows sincere joy in receiving something he has made.

Before we go further into techniques of teaching crafts, let me talk to you about books--beautiful artistic books that can be found in ten cent stores, discount stores and even in grocery stores. If you are not aware of the beauty and delight of such books, then discovering them should be your new quest. I realize that in your community you have status as teachers and intellectuals, and if you stop by these counters to look for books perhaps you will influence other people to do so.

Sizes and Shapes[1] is ideal in associating sizes and shapes with mosaics. It clearly defines squares, ovals, rectangles, etc. If it is placed on your reading table for pleasure reading, it becomes a teaching aid.

Animals I See, 1, 2, 3[2] is charming, with tissue paper illustrations.

Tell Me, Cat[3] is probably the most outstanding book for stitchery. It is not only beautiful but shows the student how he can combine photographs and stitches.

My Color Game[4] is another inexpensive treasure. Certainly this would make any child more aware of color in his daily life, and any awareness adds new interest and growth to daily living. I have known adult trainables who were unable to hold down a warehouse packing job simply because they could not identify colors.

I See the Sky[5] is beautifully and simply illustrated for children and helps so much to open new visions. I've seen children create beautiful chalk drawings on black paper after learning that dark night shapes are not fearful but beautiful. So if your budget does not allow you to buy "the greats and the bigs," then look for these charmers.

The selection of mosaics as a craft most suited for the retarded has special significance. From the first testing, the retardate is taught to put square pegs into square holes and round pegs into round holes. This becomes a "learned skill" which definitely serves a purpose. But what happens if this retardate, upon reaching age 18, is offered a job in the city market? He must learn that round apples go into square cartons, oval eggs into rectangular cartons, or perhaps round bottles into square boxes. Mosaics give this individual an opportunity to fill in given areas and to learn that you can combine square and round. We cannot lose a single opportunity to teach a new skill that can add to later employment. Remember that the goal in educating these retardates is to prepare them to live as independently as their abilities--not their limitations--will allow, and we do not know what opportunities will be open to them later in life.

In mosaics there is no time problem as they can be worked on for any length of time. The short attention span can work for awhile, then roam on to another task and return later without harming the project. This in itself becomes a valuable tool. Too often we ruin a creative interest by forcing long periods of work on a hyperactive child. It is our responsibility to develop his attention span, and this development is much easier with interesting constructive crafts. Certainly force has no place here.

Mosaics offer a wide variety of materials. There is so much used in architecture that field trips are a must. Banks, museums, restaurants, churches--many, many places add exciting richness to the child's experience. The most commonly used mosaic material is commercial tile. However, there is no end to the materials one can use--seeds (although this has been overdone with commercial kits), beads, buttons, rocks, shells and good old construction paper. Did you know you can use construction paper on a tray and with several coats of varnish it will look like glass mosaics? The important thing to remember is that familiar objects lead to mental security. Remind your students that bathrooms, floors, and many other familiar places are tiled. Since the children are being exposed to the word tile, it is beneficial to put the word on the board, on the box of tile and on an actual tile.

Exposure--more exposure! We may also take this opportunity to aid in color recognition. The tile is red. What else is red?--A dress, a shirt, an apple, etc. This increases awareness still further. The whole crafts project can no longer be an isolated part of your teaching. It is a vital, self-involved method of learning.

Suppose we take a first project on the primary level with over- or, if you like, undertones of math. On a piece of heavy cardboard, paste a string about one inch from the bottom to establish a base line. Children can learn not to work to the edge as that's for a "special something."

Example of Lesson 1

Have three large sheets of colored construction paper on the board, clearly labeled RED--BLACK--WHITE. Talk to the students about the colors. Find other objects that are these particular colors. For example:

Apples are RED.
Sally's shirt is RED.
A book or toy is RED.

As each student calls out the object that is the particular color, write it on the board. The teacher must write quickly and repeat the words informally as she writes.

The students are then given tiles of black, red and white. They place the tiles of similar colors together. The teacher can see who can and who cannot comprehend this simple instruction.

Now comes the math game. Let the students see who can build a nice, tile house. Make one yourself, on a slanted board in front of the class, as the retardates do theirs. Remember, we are also giving encouragement for a quick success at this point--and we are trying to build confidence in their ability.

Method of Procedure--Instruct the children as follows:

Row 1--2 whites, 1 red, 2 whites, all on the base line

Row 2--Same as row one. Use instruction sentences over and over. Repetition is good for learning. "Keep your tiles straight--Just like row one--Whites on white" etc.

Row 3--A row of 5 white tiles.

Row 4--A row of 1 white, 1 black, 1 white, 1 black, 1 white

Row 5--Now a row of 5 white tiles. "See what we have--a white house with two windows and a door. What do we need? A ROOF."

Row 6--5 red tiles in a row

Row 7--Skip over one tile and put 3 red tiles

Row 8--One red tile in the center. "Now how about a chimney?" Two black tiles, one on top of the other.

Finish by assisting when necessary in straightening the tiles, as we do want a finished product they can be proud of. Finishing can be done easily, assisting the student so that he maintains the feeling of doing the job himself. Do not over assist, merely straighten casually because if his tiles are too crooked he will feel he has failed.

If the class is still interested, have ready some split peas for grass, shells or beads for flowers, stars for the sky, etc.--the more the better! If they are too restless, go for a walk to see that houses have trees, etc. around them. Then bring the pastework out later to complete.

Now creativity really begins! Have lots of bright colors, shapes and things to add to the house--gummed-back paper stars, sequins or maybe a button for a sun, or wads of cotton clouds. Seeds become flowers; toothpicks make fences. Let him decorate and redecorate to his heart's content. Each house becomes different.

We have taught math, color awareness and work recognition. Later, repeat a similar study allowing the retardates to create their own design. For learning purposes it's important to repeat, repeat and repeat your numbers, colors and words.

One day the students could arrive in class to find big numbers on their chair backs with the RED, BLACK and WHITE numbers. Invite them into the reading circle by numbers and colors, e.g., "Who is Red 1? Who is Black 5?" etc.

Bring a red tulip to school and put it in a glass. Ask them to draw the tulip. Now ask one section to put three tulips in their picture--one section to put two tulips in their picture, etc. Remember that words and numbers are abstract unless attached to a known or real object. This is a first or primary project. You can move into real tile on boards later.

How about children with reading problems? All teachers that I know of have at least three reading groups in one room. Take an old table or old door and divide it into three sections. While one group reads in the circle, one group does seat work and one group tiles their picture on a section of the big table. The idea is to let them become physically involved in learning.

Let's talk about stitchery. There is no statistical fact that the mentally retarded have sight problems, but I have found a definite problem with eye and hand coordination. Students knock over glasses, drop books and are unable to put up pencils and chalk.

We have stressed the use of familiar materials, and surely burlap and yarn are common products. The burlap can be bought in beautiful decorator colors, or washed potato and feed sacks work just as well. The needles are called "yarners" and can be purchased at most knitting and yarn counters in variety stores--or hairpins are fine when the two ends are taped securely together. Scraps of cotton rug yarn, wool scraps and, if you're fortunate enough to live near a rug manufacturer, the bobbins of acrylan and nylon are excellent. The important thing is to gather bright, gay colors. Since we are achieving a dual purpose, to create a beautiful, useful product and to develop eye-hand coordination, we use gay colors to stimulate an interest. Keep in mind the up-dated colors and shades, the current combinations and the symbols we enjoy seeing.

There are endless ways to begin stitchery classes, and there are many books written showing endless stitches and combinations of stitches. We will limit the stitch teaching to four stitches in the hope that our students will invent their own. Basically, all that needs to be taught is to "go down, across and up" to create a stitch. In developing eye and hand dexterity, he can draw with a crayon or felt tip pen--a simple drawing, follow his own line for the outline, then create freely inside and around his object. Or, if you need to create security in a hurry, the teacher can quickly draw something visual (apple, flower, car, etc.) and have the student outline this. When he feels secure with the needle, he can add to that piece or begin one on his own. The object here is to introduce a new tool and begin a wide range of interest.

Few beginners today can profit from a kit or some sort of sampler used in "Grandmother's day." This alone is not only uncreative, but tends to inhibit the stitcher. While these fill time on rainy days, they do not motivate the doer, nor can they develop new words or new skills without verbal association. However, the child who has used big yarns and created his own dog or cat has become enchanted by his own ability. There are endless ways to use these new materials and up-dated, age-old techniques. Try to find the one best suited to your student's level of achievement.

It is important, too, to talk about the historical background of these techniques. In discussing the banners of knights in the Golden Era, or the male tapestry makers in France, we involve the boys in the class. The Hopi Indians wove God's Eyes as a symbol of peace and good fortune. The old use of embroidery holds some female association which may hamper the boys a little, but there is no stigma attached to the word "stitchery." Traditional embroidery often leads to frustration in having to follow a complicated design and hear, "Ah, I've ruined it!" etc., while a self-created stitchery can reflect the student's thinking and certainly helps "inner status."

Remember, we are combining several major ingredients--the introduction of new materials, development of eye and hand coordination, review of color identification, and development of creative status. Burlap tote bags are the result of one simple stitch--the chain stitch. We have found that while we teach the same stitch to every student, some of them stitch big, some small, some loose and some tight. No two are the same, yet the very fact that there is variety leads us to interesting words--big, little, etc.

Can you picture this? Each child is given a piece of burlap--approximately 9 x 12--and he does one big bold letter of the alphabet in black yarn. After the letter is done, he finds something that begins with his letter and begins to decorate his square. A big "A" and a red Apple! When all the squares are done, they are sewn together for a patchwork wall hanging--alphabets, colors, objects--and complete involvement.

What boy can resist playing the role of a knight in shining armor? There are the beautiful banners of the Olympics with the impact on physical fitness. The world is full of banners during elections and demonstrations. Take some of the fright out of these demonstrations that TV exposes children to by intense interest in banners.

Using wood, we can go into word building--"smooth," "grain," "edge," etc.; we can talk of ceramics and learning to handle materials. We can note that the cutting of paper and the cutting of cloth are two separate skills; we can elaborate on collages; but the important point is that ARTS AND CRAFTS IS NOT BUSY WORK. While it can be therapeutic and fun, it can also teach a wide range of applied academics.

If you are using the same materials in the same way you did five years ago, then as a teacher you've been dead three to four years. Remember that these children take home your taste and the results of your energy and your motivation. A most valuable thing to remember is "When you limit others, you limit yourself."

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Language Development for the Trainable Mentally Retarded

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Before coming to Georgia, I worked with the Special Education Program in the Canal Zone. On the Isthmus of Panama there are two distinct language communities. Spanish is spoken in Panama, and English is the predominate language spoken in the Canal Zone. Of course many of the Panamanian and U.S. citizens are bilingual.

In 1958 we established our first class for the trainable mentally retarded in the Canal Zone. One of the first children to be enrolled in that class was a mongoloid youngster who was about eight years old. Tommy's mother was Panamanian, his father a U.S. citizen; both were well educated. His parents and siblings were bilingual; however, their maids spoke only Spanish.

Tommy had been enrolled in a Spanish-speaking school in Panama prior to his enrollment in our program, and he too was bilingual. I cannot say that he was proficient in either language, but he was able to communicate his thoughts, feelings and ideas equally well in either language to the level of his ability.

His linguistic ability intrigued me, to say the least. On one occasion I had to call on Tommy to interpret what a Spanish-speaking bus driver was trying to tell me. His ability to do this amazes me in view of the fact that I too was born in the Canal Zone, had two years of formal instruction in Spanish in junior high school, two years in high school and a semester in college. However, I had lived with people who always spoke English.

I wish to ask, "Are we doing enough?" I don't think so!

Do we allow ourselves to become complacent about the achievement of our students by not setting our goals high enough?

Can we afford to be satisfied with the traditional approach of educating children?

I, myself, have been guilty of it, finding satisfaction in the fact that deaf children I taught were only two years retarded in reading compared to their hearing peers of the same chronological age. There has to be something wrong with our methods, and it is my opinion that educators of the deaf have not yet found a satisfactory method for educating deaf children. It all boils down to being able to find a method that will afford the deaf child the early linguistic environment identical, or at least equal, to that of a normal hearing child.

My field is not mental retardation. I have, however, had some exposure to it and I am sure we have shared some common experience. Tommy, for instance, learned two languages, in spite of the books that say he couldn't. Many of us have found it a struggle to learn a second language.

Those who see goals of education as absolutes to be attained without qualifications or not to be attained at all tell us, "He's mentally retarded. Put him in an institution and forget him." These people are the professional "do-nothings," but all too often their words are heeded because of the status of their professions.

Then there are those who, by implication and without thorough interpretation, can mislead us with statements such as "Trainable mentally retarded children are quite limited in their potential for development," or "Language is important in the trainable child's life, but he is usually markedly deficient in ability to follow verbal directions and in ability to communicate verbally with others." Because of these misinterpretations, parents, teachers and other professionals are very often guilty of reinforcing defective behavior rather than attempting to remediate it. These people would agree that "I am what I am because of what I am" rather than "I am what I am because of the richness of or lack of experience that have been afforded me." Truly, I do believe that the goals of education are relative rather than absolute and can be attained by each individual to the extent to which his abilities permit.

Piaget, whose learning theories I will briefly discuss later, believes that mental development occurs only through developmental processes of learning. Carroll, however, points out that some researchers in the United States and Britain, although finding Piaget's stages correct in their sequence, have evidence which suggests that children's mental development can be hastened somewhat through specific teaching. What comes to mind is the Marianne Frostig Program which many special educators have subscribed to, supporting those who believe that "children's mental development can be hastened somewhat through specific teaching."[1]

Indeed, there is good reason to believe that there is a critical period for language development, generally between 18 months and four years of age. A wealth of research findings is also beginning to accrue from studies of the culturally disadvantaged child's lack of early stimulation. The results of work done with these children have implications for you who are concerned with the early intellectual and social development of the preschool-age mentally retarded child. Also, "conspicuous retardation in any one area may have serious effects on another. Thus, late walking and talking may result in a loss of opportunity to explore environment, to meet others and to develop concepts that are common to most children."[2]

I would like to review very briefly what Piaget and other investigators have found to be the four main stages in the development of the child's thought.[1,3] The purpose of my discussion of this learning theory is not to instruct but to stress the need for early educational programming and stimulation for language development for the TMR child and, in fact, all handicapped children.

These four main stages are: acquisition of perceptual invariants, birth to two years of age; preoperative intuitive thinking, two to seven years of age; concrete operational thinking, seven to eleven years of age; formal, propositional thinking, eleven upwards.

The first stage, acquisition of perceptual invariants, is generally a prelingual stage. It is developed through experiences by which "the child learns to identify the main features of the world around him and some of their essential properties."[1] It is percepts not only in terms of their direct sensory qualities but also in terms of the way objects and surfaces react to the various kinds of manipulative responses that the child learns he can make to them, such as touching, hitting, biting, and so on.

The second stage classified by Piaget as "preoperational intuitive thinking" is generally the type of thinking done by children from two to seven years of age. It might be more appropriately classified as the "I calls 'em as I sees 'em" stage. At this stage the child begins to perceive relationships between the perceptual invariants that are a part of his experiences. His elementary concepts of space, time and causality are made on the basis of what Piaget has called intuitive judgments about relationships. The child will attend to only one property of experience at a time and cannot see how two or more properties, such as size and quantity, can interact or trade off with each other. To this child four pennies are more than a nickel, and a nickel is more than a dime.

From about seven to eleven years of age, although the child's thought is bound to actual, tangible, visible materials and objectives, he has come to that stage which Piaget has called "reversible thinking." The child can trace a physical operation back to its starting point and account for the transformations in its appearance. Thus in the stage of "concrete operational thinking" he acquires concepts involving complex relationships, such as that of the conservation of amount, weight, volume, size and number. You might not be able to trade him the four pennies for a nickel, but you may still be able to sell him the Brooklyn Bridge.

The development of language, one of the most unique of human skills, is so complex that it is reasonable to state that the volumes written on the subject over the centuries cannot fully describe all its properties. However, as a mental exercise let us attempt to relate some of the aspects of language development to Piaget's learning theory.

As we have noted previously, the first concepts acquired by the child are the perceptual invariants of objects, sensations, sounds and feelings. We may relate these percepts to the stimulation of any or all of the five senses. The internalizations of these experiences are internal representations of classifications or categorizations of experiences. As the child's language skills develop he learns socially reinforced symbols (or words) for these experiences. His acquisition of these perceptual invariants is, therefore, the basis for future stages of language development.

During the stage of preoperational intuitive thinking, words that were signs become symbols. The child begins to perceive the relationships between these words and to make intuitive judgments about their relationships. It is during this stage that the child will experiment with the syntactical rules of language and will, in applying the rule of adding "s" to a noun to indicate plural, tell you he has two "feets."

The largest percentage of oral linguistic skills is developed during the stage of preoperational intuitive thinking. The third and fourth stages, of course, should offer opportunities for the refinement of oral linguistic skills and ultimately the maximum development of abstract thought and the ability to communicate those thoughts.

The thesis of this discussion is: Are we starting the semidependent child in our programs early enough? Literature on the subject of language development for the mentally retarded child, scarce as it is, has little to say on the subject, either pro or con.

Some educators feel that children's mental development can be hastened somewhat through specific teaching. Work in orphanages with children whose language development was found to be retarded has effectively caused improvement in language. Few researchers, however, have ever attempted to investigate the effects of teaching a young child a language or particularly to investigate the effects of specific practices under controlled conditions.

For example, hypotheses on the effects of babbling on speech or language development are presented on the basis of observation rather than controlled experimentation. Some writers suggest that babbling, at least to some extent, is one of the experiences which enables the child to identify with the world around him.[4] If so, could we not foster the cognitive development of the child by planning, programming or what-have-you for the retarded child to receive whatever reinforcement is necessary to make his babbling experience a meaningful one? You might say this is going back a little too far; however, how many mothers of your TMR children were ever counseled on the importance of the role the adult plays in the development of a child's language?

Work with the culturally deprived child, who is in essence the language deprived child, is causing some developmental psychologists to believe that development is not merely something that happens to a child, much less something that is handed to him by the school. On the contrary, the child is considered to play an active role in his development. One might then conclude that the role of education will be to provide the child with the tools he will need to pursue his own development more successfully. What tools could be more pertinent to learning than oral language?

The final responsibility for adapting your programs to meet the needs of the individuals in your program will be yours. "One finds no internal push to growth without a corresponding external pull, for, given the nature of man as a species, growth is as dependent upon a link with external amplifiers of man's powers as it is upon those powers themselves."[5] As teachers of the trainable mentally retarded, therefore, you are charged with the responsibility for taking advantage of every opportunity to stimulate the development of oral language so that we might meet the charge of this institute to "Take the TRAIN out of Trainable" and make them able.

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Contingency Management in the Classroom

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Of all the problems facing the classroom teacher today, the ones related to behavior management or behavior changes of individuals or groups seem to be the most perplexing.

This fact seems to be especially true for teachers of the mentally retarded since many of these teachers feel they must accept as a matter of course behaviors that would be clearly deviant in a regular classroom. A brain damaged child may be allowed to wander about the classroom because "that's the way he is," or a child may be allowed to talk out or jump up and down in his seat because "he can't help himself." Because of these kinds of concepts, the teacher of MR students often feels that many of her classroom problems are beyond her ability or the student's ability to change.

A multitude of studies has shown that even brain damaged or retarded children can learn to modify their behavior. Children's actions are not only a function of what happened to them in the past but, more importantly, a function of what continues to happen to them now. The current consequences of their actions are what maintains their behavior.

Contingency management as a way of solving classroom problems focuses on current behavior and its current consequences or outcome with the focus on the present.

The question of "Why?" is often irrelevant and the question "What happens?" is more important.

Solving problems through effective contingency management involves five simple steps. This procedure is an adaptation of a method proposed by Lindsey (1966)[1] that has been very effective for both teachers and parents.

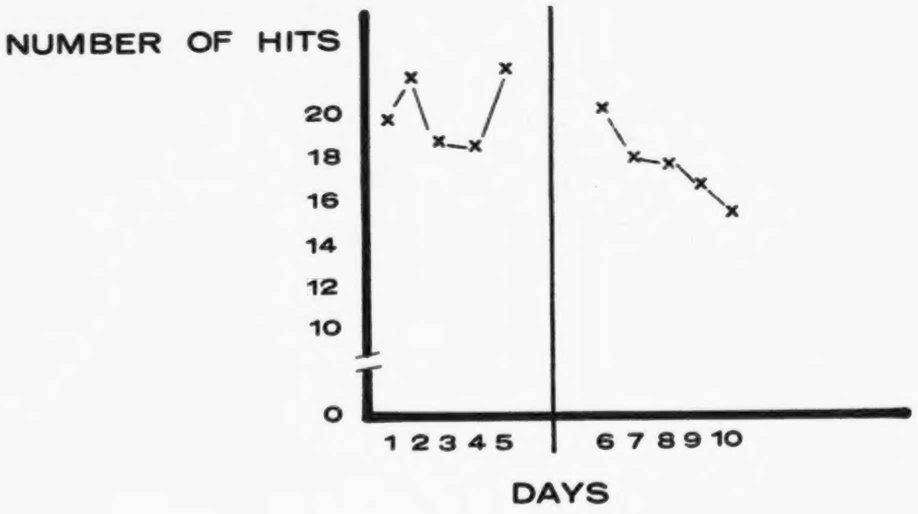
Step 1 Pinpoint the Problem

In order to pinpoint the problem, it must be defined as specifically as possible. Abstract definitions of the problem are useless. Defining the problem as dependency is too broad and abstract; therefore, dependency should be broken down into several pinpointed problems, e.g., constantly asks for help, does not complete assignments without help, cries often. Each of these problems can be counted and therefore meets the criterion of pinpointing.

Step 2 Count and Record

Once the problem has been pinpointed, then it should be counted and the frequency of occurrence should be recorded. This procedure is often referred to as getting a base rate to measure progress. Many teachers often feel that this step is unnecessary because they are not doing research. However, this step is important for very practical reasons. As an example, let's say that you have a problem of a child hitting other children. You have pinpointed the problem in that you can count the number of times he hits someone. Let us say that you did not count the number of times he hit another child. All you knew was that it occurred a lot or too much and something must be done about it. You decided that you would ignore the child who did the hitting and pay special attention to the child who was hit. You do this consistently for three days and decide that your intervention is not working because he is still hitting a lot or too much.

If you had counted and recorded, you might have observed that the average frequency of hitting was 20 times a day, as determined by one week of counting and recording.



During the second week there was a steady decline, and by the end of the second week he only hit another child 14 times during the last day (still a lot). However, since you recorded this behavior you can see from your record that your method is having some effect, and you should continue it.

When teachers do not record data, they often feel as if they have tried everything. If they had recorded the data they would have been able to determine the results better.

Step 3 Change the Outcome (Do something different.)

A basic principle in effective contingency management is that behavior is a function of its consequences. Therefore, the assumption is that the behavior is being maintained by the current consequences or outcome, and in order to change the behavior we must change the outcome. What this usually means is that the teacher must respond to the behavior in a different way. If a teacher has a child who cries every day, we might pinpoint the problem as crying and the outcome of crying as being held by the teacher. We might then change the outcome of crying to being ignored while crying and being held at times when behavior is appropriate.

The new outcome of the behavior must be pinpointed as precisely as the initial problem. Don't try to solve a specific problem with a vague solution. For example, if you decide that in order to increase drawing skills in one of your students you will be extra nice to him when he is drawing, you may find that since you have not pinpointed being extra nice you really didn't change your behavior. To pinpoint your response, you might decide "When Joey draws for five minutes, I will go to his desk and talk with him for one minute about what he drew."

There are several guidelines for selecting a new outcome for problem behavior.

Not all children will work for the same outcome. Satisfying or rewarding outcomes lead to the most rapid and lasting changes in behavior. However, what is satisfying or rewarding to one child may not be to another.

Whether an outcome is rewarding or punishing can only be determined by its effects on the behavior. If an outcome strengthens or increases the frequency of a behavior, then we say the behavior led to a positive outcome or was rewarded. If a particular outcome weakens or decreases the frequency of a behavior, then we say the behavior led to a negative outcome or was punished. Most children like candy; some do not. Most children will work to avoid a spanking; others will work for a spanking. Therefore, it should not be assumed that because a particular outcome worked in one case it will work in another.

There are a number of ways to determine what a child will work for. One obvious way is to ask him directly what he likes. Another is to try a number of the more common outcomes that most children work for, e.g., candy, play time, attention from adults, money, toys. In the event he cannot, or will not, tell you what he likes, one way of determining what he will work for is by observing what he enjoys doing.

Negative outcomes alone generally do not lead to lasting change in behavior, but act more to suppress the behavior. In other words, when a child is punished by the teacher for misbehaving, he may not misbehave as long as the teacher is in the room, but if the teacher leaves the room or if a substitute teacher is present, he may begin misbehaving once more.

However, it is necessary to use negative outcomes in some cases in which the behavior cannot be allowed to continue or when there is no behavior for which a positive outcome would be appropriate. But even in those cases negative outcomes are only the beginning of a solution, not the solution. The most effective use of negative outcomes is for setting up a situation whereby the child can now be rewarded. For example, if a child is punished for fighting, then not fighting should lead to a rewarding or satisfying outcome.

Ignoring behavior that was not previously ignored is generally considered to be mildly punishing, but it is quite effective in reducing the frequency of many misbehaviors. However, ignoring acts in the same way as other negative outcomes, and consequently some way should be found to reward an acceptable substitute for the particular misbehavior. Ignoring behavior is very difficult and demands, if it is to be effective, that the person respond as if the misbehaving child were not in the room.

Use the child's current base rate to determine when a reward (positive outcome) should be given. In trying to change behavior, the teacher may expect too much or too little before a reward is given. If a child is currently only sitting in his chair an average of two minutes at a time, then it would be unreasonable to expect him to sit for 30 minutes in the beginning before receiving a reward. On the other hand, if he is able to sit for 30 minutes don't reward him for sitting only two minutes. The best rule to follow is to require a little more than the base rate to receive a reward initially.

Outcomes need not be tangible. Young children are often given tangible objects as rewards for good behavior or learning. However, by the time children reach the classroom, adult attention and praise have acquired strong reinforcing properties for most of them. Becker (1967)[2] and his colleagues have demonstrated in a number of articles that teacher attention, when made contingent on good behavior and learning, has a dramatic, positive effect on behavior problems and academic achievement. Their procedure for handling most undesirable behavior is to ignore it.

An effective procedure for dealing with misbehavior is to ignore the misbehaving child and reward another child for what you would like the misbehaving child to do. For example, if a child is walking around, the teacher might walk right by him without notice and spend some time with a child who is working at his desk.

Give rewards immediately following the behavior to be learned. In establishing new behavior, the reward must be given immediately following the behavior. Initially the reward should follow every occurrence of a particular behavior to be learned. However, as the behavior is learned the reward need not follow every occurrence of the behavior but may come after every other occurrence, every fourth occurrence and, eventually, every now and then. The particular schedule of reinforcement used would depend upon its effect on the behavior. This schedule would be determined by examining the record of the frequency of the behavior. *Most behavior to be learned can be broken down into a number of discrete behaviors or steps.*

The child should be rewarded for completion of each of these steps, and a new step should not be started until a prior step is well learned. For example, if we want to teach a child who wanders about the room to work quietly at his desk, we might outline the following procedure:

First reward him for being at his desk for any period of time.
Then reward him for being at his desk for increasing periods of time.
Next reward him for sitting quietly at his desk.
Then reward him for sitting quietly and looking at his books.
Finally reward him for demonstrating retention of materials.

Step 4 Evaluate

Once the behavior has been pinpointed, its frequency counted and recorded and its outcome changed, the counting and recording should continue in order to evaluate the effect of the change on the problem.

If there is any change in the desired direction, the approach should be continued until there is either no further change or the problem is solved. In many cases the change is slow initially but quite rapid later on.

To determine changes in behavior that occur at a low frequency generally takes longer than in behavior that occurs many times a day.

Step 5 Try Something Else

If the first change that is made does not work, then we should try something else. Since we begin with a problem, the first change that we make can be no more than an educated guess. Therefore, we can expect that most problems will not be solved by the first change but will require further changes. If you have kept good records and observed the behavior carefully, each succeeding change should improve the probability of a solution.

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Programming for Trainable Mentally Retarded

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A quality program for trainable mentally retarded students should be provided by every local school system, just as surely as programs should be provided for the average child. Such a program should be planned with certain factors in mind.

1. Facilities

The class should be located in a home-type building which includes kitchen and bathroom facilities as well as adequate work space essential to the training of these children in homemaking skills. There should be a safe playground area with proper equipment for work on large and small motor skills. Hopefully, the TMR class will be housed near a class for educable mentally retarded children so the child with an IQ of 50-55 can find success in a TMR or an EMR class.

2. Staff

The class should be taught by a teacher who has training in the area of mental retardation and, hopefully, in the area of TMR (presently offered at The University of Georgia and Georgia State College). The teacher should be assisted by a trained aide who is familiar with the needs of the TMR youngster.

3. Class

The class should have 8-12 students aged 6-12 or 13-18. The children should be trainable mentally retarded as determined by educational history, family background, medical history and psychological and emotional background. This definition means an intelligence quotient of 35-55, as indicated by an individually administered intelligence test.

4. Students

The class should be comprised of children who not only fit the definition of TMR but who are able to communicate well enough to make their needs known, are ambulatory to the extent that they do not create a hazard, are not a danger to others and have acceptable toilet habits.

5. Curriculum

The curriculum should be designed to further the socio-economic usefulness of the trainable youngster in the home and/or sheltered environment. The program should have as its goals:

language and communicative development--understand and interpret the expressed thoughts and feelings of others and communicate own needs and feelings to others;

sensory and physical development--achieve maximum use of sensory faculties and maximum physical development;

self-care skills--care for personal needs;

social adjustment--get along with others and manage own affairs in a restricted social environment;

economic usefulness--contribute to self, family and community;

academic achievement--receive purposeful experiences applicable to the individual.

Evaluation--Testing

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In the Regulations and Procedures Manual of the Program for Exceptional Children, those who work with the trainable mentally retarded are charged with the task of evaluating the abilities of the pupils in the program, at both the beginning and end of the year. In the State Department's Guide to Programming for the Trainable Mentally Retarded, you are given certain goals to work toward in programming for the pupils. Your task, then, is to find some way to measure pupil strength and deficit areas so that you can identify your goals in teaching TMR's.

Those of us who are seasoned teachers can very quickly "feel" which pupils are lower than others in various kinds of activities, but it takes a great deal more thought and investigation to discover how they are lower and what we need to do to raise the functional level of all the pupils in every facet of our program.

Fortunately, in recent years several evaluation tools have become available to us which tell us some of the basic things we need to know about our pupils. I would like to describe briefly four of these evaluation tools and some of the opinions we have after using them. The manual of each evaluation tool will be quoted to give you an exact description of the author's purpose.

The Purdue Perceptual-Motor Survey

By Eugene Roach and Newell Kephart
Charles E. Merrill Books, Inc.
Columbus, Ohio 1966
Manual--$3.95
Order manual and make your own score sheets.

This Survey "was designed primarily to detect errors in perceptual-motor development. To date it is a qualitative scale which designates areas for remediation. The Survey was not designed for diagnosis, per se, but to allow the clinician to observe perceptual-motor behavior in a series of behavioral performances.

"The Survey is composed of twenty-two scorable items. These twenty-two items are divided into eleven subtests with each subtest measuring some aspect of the individual's perceptual-motor development.

"Basically, the Survey subtests, or items, can be divided into three major sections: those concerned with some aspect of laterality, with directionality, and with the skills of perceptual-motor matching. The essence of the perceptual-motor theory is a sequence of learning stages through which the child progresses."

Laterality, as Roach and Kephart describe it, is an internal process. It is the awareness within the body of the difference between right and left. For example, in identifying body parts the examiner notices whether or not the child is aware of both ears, both knees, etc., when he is asked to touch these, and whether or not he uses one hand or both to show one part of his body, such as head, nose, etc.

Directionality, according to the authors, is the process of perceptual projection: right-left, up-down, and before-behind are first developed within the body as a part of its motor patterns and then projected onto outside space. In the portion of the evaluation called angels-in-the-snow, the student is required to lie on a mat and move his arm or leg upward as patterned. Often, when more than one limb is required to move simultaneously, the student will forget the simple pattern and will give himself kinesthetic cues as to which limb to move. For example, when required to move right leg and left arm, he may bang his leg and stiffen his arm before moving, to give himself cues. This means he has not quite acquired directionality.

Perceptual-motor matching is acquired through combined motor and perceptual exploration. Perceptual data are matched to motor data so that perceptual information and motor information come to mean the same thing. In the rhythmic writing portion of the evaluation, the student is required to imitate the patterned chalkboard drawing of the examiner in an up-over, down-over pattern. If his perception and motor patterning have been integrated, he will have little problem with the task.

The normative data presented in the Perceptual-Motor Survey were developed with children between six and ten years of age who are non-achievers (not necessarily mentally retarded).

Those of us at Gracewood who have used the Perceptual-Motor Survey have found many of the items to be most revealing in planning for TMR's. The Survey calls for a minimum of materials and is fairly non-structured. It is difficult to record and administer simultaneously, and a partner system is preferred when scoring. With practice, several pupils may be evaluated at the same time on many of the items.

The Florida State University Diagnostic Battery of
Recreative Functioning for the Trainable Mentally Retarded
Developed by Jean Mundy
Florida State University
Tallahassee, Florida 1966
(In the process of being revised and published with
normative data on a large sample of retarded persons)

The Mundy Recreation Inventory is "designed to assess the present recreative functioning level of the individual. It attempts to answer the question, 'What is this individual capable of doing right now?' Whereas the Perceptual-Motor Survey is an inventory of a global nature assessing the perceptual-motor development of an individual, the Recreation Inventory is geared toward specific skills and concepts which are directly involved in recreation activities.

"The Recreation Inventory is designed to be a guide for activity selection, evaluation, and modification."

This instrument evaluates in fun ways the comprehension of basic directional concepts, the ability to follow verbal and written directions and the acquisition of fine and gross motor skills.

It requires a minimum of materials and is simple to administer. We have found it to be most satisfactory not only as a guide for recreation but also as a basis for programming with lower functioning retardates, because it gives us clues to problems in listening comprehension and to confusion in directional concepts.

For example, the action concepts portion of the evaluation uses such simple materials as a cigar box, a pencil, a rubber ball and some wooden match sticks. The student is given directions such as "Point to the box," "Give me the box," "Push the box," "Pick up the pencil," etc. Interspersed throughout these directions are more physical ones which allow the examiner to see how many simultaneous directions the student can follow, and the student is also allowed a change of pace. At one point he is asked to "Stand up--Pick up the ball--Walk around the chair--Sit down." If the student has problems following directions one at a time, he will surely have difficulty following several consecutive ones. He may, however, understand directions using his whole body (such as "Stand up.") better than he understands "Push the box."

Cain-Levine Social Competency Scale

By Leo Cain, Samuel Levine, and Freeman Elzey
Consulting Psychologists Press
577 College Avenue
Palo Alto, California 1963
Order one manual and separate score sheets for each pupil.

The Cain-Levine Social Competency Scale "was developed explicitly to provide a method of measuring the social competence of trainable mentally retarded children.

"The Cain-Levine Scale consists of 44 items divided into four subscales which are: self-help, initiative, social skills, and communication. The items contained in the Scale are a representative sample of behaviors that are important in evaluating the social competence of mentally retarded children and standardization data were obtained on trainable mentally retarded children. Tables are provided for chronological ages five through thirteen and permit the user to determine a child's percentile rank relative to his age group for each subscale and for the total social competency score."

This instrument was designed as an interview similar to the Vineland Social Maturity Scale. Instructions for administering are included in the manual. The items are specific, and there is a four point rating scale under each item which makes it more discriminating in pinpointing abilities and deficits of the pupils than the Vineland Social Maturity Scale would be.

For example, instead of asking whether or not the pupil can clean up spilled liquids, it specifies the extent to which he is capable of carrying out this task. The items under this area are:

1. when cleaning up spilled liquids, he smears them over a larger area, making a bigger mess;
2. blots up some liquid, but job must be completed by someone else;
3. blots up the liquid area but requires finishing touches by someone else;
4. cleans up liquid and does not require someone to finish job.

T.M.R. Performance Profile for the Severely and Moderately Retarded
By Alfred Dinola, Bernard Kaminsky, and Allan Sternfield
Reporting Service for Exceptional Children
563 Westview Avenue
Ridgefield, New Jersey 1963, Second Edition 1965

Sample kit (one manual, booklet and chart)	$ 5.00
Complete class kit (one manual, 10 record booklets, 10 yearly comparative charts)	15.00
Teacher's manual only	3.75
Student record booklet, each	.95
Yearly comparative chart, each	.45

The T.M.R. Performance Profile was "developed by classroom teachers out of the problems and needs of the classroom teacher. Each teacher of severely and moderately retarded children and young adults has been asked 'What is the present functioning of this pupil?'

"The Performance Profile will help the teacher to find the answers to present function, to record them, to plan a program designed to reach the next steps in function, to evaluate the classroom program, to record progress, to transmit information accurately, specifically to professional colleagues and parents and finally to develop a permanent record form that will follow the pupil through his school life."

We have used the Profile more often than any other evaluation tool because it is so inclusive that it tells us a great deal about every facet of the child's behavior. It gives an excellent guide to the inexperienced teacher, showing her exactly where to begin and what the program emphasis should be for specific children.

The Performance Profile takes a great deal of time to complete. It is filled out primarily through teacher observation. It measures pupil performance in the six major areas of social behavior, self-care, communication, basic knowledge, practical skills and body usage. Each of these six major areas is subdivided into four sub-areas which have 10 items each to measure. All 240 items are scored on a five-point scale from total inability to perform to excellent performance. The highest level on each item is reported to be above the expectation level of the ordinary trainable level pupil, so there is room for growth on almost every item.

The evaluator is cautioned not to become concerned with the numerical results which might be obtained from this or any other evaluation tool. The items are subjectively scored, and scores might change from one evaluator to another. The importance of this evaluation tool, as well as the others mentioned, is the fact that it will show where the pupil is performing in the classroom and what his needed areas of assistance are.

The Performance Profile allows you to eliminate any items which do not apply to your particular situation. It also gives you a profile chart on which you can graphically record progress or regression for each pupil. It is the only one of the evaluation tools which we have mentioned which rates the pupil on emotional and interaction behaviors as well as on physical prowess and learned skills. It also has items which measure the amount of general knowledge and language skills the pupils exhibit.

The four evaluation tools presented are not the only ones available for the trainable mentally retarded. They were the first ones which we used successfully, and they tell you many things about the pupils in your class which you might not be made aware of quickly and easily if you depend solely on intuition and observation.

Evaluation tools do not necessarily need to be purchased. They can be created to suit your own /needs in the classroom. For example, we have created five-point rating scales for three specialized programs: one on music and rhythm, one on cooking and one on beauty. If you are interested in receiving these rating sheets, please contact us and we will be happy to send them to you as a guide.

Evaluation is extremely important to classroom programming for the TMR. However, it loses its meaning if periodic reevaluation does not occur so that you will know that you are going in the right direction.

Reporting to Parents

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Realizing that the handicapped child has special problems which may make it more difficult for him to adjust in a complex society, the parent often expresses great concern about the child's educational growth and development. Because of this concern, it is essential that parents are provided with detailed accounts of their children's school progress.

Another value of the reporting process is that it serves as a stimulant to better curriculum planning. It helps to keep the teacher alert to the many phases of a child's development and to the overall needs of the child. Setting aside special times to summarize each child's progress will be of much help. This knowledge then becomes part of the professional record and serves as an additional basis for teaching decisions.

While there are many different approaches to the reporting process, the most familiar and frequently used method is the report card. Although this device possesses many merits, it frequently fails to provide an adequate picture of the child's total school adjustment. This failure is especially true of the traditional report card which may show only the child's accomplishments in the "3 R's." For this reason, many administrators and teachers devise special report cards which provide a more comprehensive overview of the handicapped child's progress in the many aspects of school life than do the regular report cards.

The report card which the trainable mentally retarded child takes home at the end of each grading period should be different from the one the normal child or the educable mentally retarded child receives. One of the reasons why this card should be different is that the TMR child does not do any academic work that can be graded like the EMR child's or the normal child's. For that matter, the card should contain no marks as A, B, C, D, E or F. Instead, the pupil is checked on his level of development with the use of symbols. This type of report is preferred because it is a system in which the child's performance is measured against his own presumed ability. A symbol "S" (Satisfactory) may be used to indicate that the child is doing as well as can reasonably be expected and a "U" to denote unsatisfactory progress. When the symbol "I" is used to indicate "Improving," this combination may be called the SIU reporting plan.

The card should clearly reveal to the parent what the child is doing in certain areas of development such as personal, social, physical, academic and vocational.

In addition to the routine record of attendance, some reference should be made to any special achievement made by the child or to outstanding qualities which the child may possess. Special interests should be pointed out, as well as regressions, and if there are indications of present or impending difficulties these should also be noted.

The most elaborate and comprehensive report card, however, cannot provide a complete picture of the child in the school setting. For this reason, additional methods of reporting to parents are frequently used in special education. One of these is the conference between the parent and the teacher in the school. Through such conferences, the teacher is able to give a more detailed and specific account of the child than is possible in a written report. The conference will also provide an opportunity to explain and to interpret the training program to parents. It will enable the teacher and parents to become better acquainted and will serve as a unique aid in long-range planning.

In conducting a conference with the parents of a severely retarded child, the teacher must realize the effects of having a child who has a handicapping condition and the impact this condition has upon the parents and families. The particular handicaps of the trainable mentally retarded child, the slowness of his development, the necessity of special arrangements for his physical care, training and companionship and various family adjustments create pressure on the parents which tends to disrupt the normal family equilibrium.

Parents who are not themselves retarded invariably are profoundly shocked by their child's mental subnormality. Many parents experience a grief reaction and for a time, preoccupied with their sorrow, they withdraw from others.

Most parents develop an understanding of their child's condition in a gradual, painful manner. The process of acceptance appears to follow a rather regular pattern. The first stage is characterized by an awareness that a serious problem exists; the second by recognition of the retardation for what it is; the third by a search for the cause; the fourth by a search for a solution; and the fifth by acceptance of the problem, which is seldom fully attained. Thus, the relationship between a severely retarded child and his family is not only more complex and ambivalent than the ordinary relationship but it is also more intense and prolonged. In most instances, the TMR child will remain emotionally and economically dependent upon his family throughout his life.

The teacher should take into consideration the fact that she is dealing with deep, delicate emotions when talking with parents of severely retarded children. Because of the deeply involved emotional nature of the problem, the teacher should guard against making potentially misleading or casual remarks during the reporting conference.

The teacher conducts the actual process of the conference, serving as both reporter and chairman of the meeting. However, on the reverse side of the coin, the teacher also serves as listener and recorder. The teacher structures the conference using a specially designed report form and other materials.

The child should not be present during the conference which is held in private and should not exceed 45 minutes.

Parents are interested in the teacher's judgment of how well their children are doing; therefore, the teacher should have the goals of the program clearly defined to explain to parents in clear, understandable language. She should be honest and realistic so that parents will not be misled into false hopes of recovery or unrealistic attainments for the child. During the parent conference, the teacher will elaborate fully on the written report which has been sent home. The child's work should be examined and compared with that of the previous conference.

Of the many methods used by teachers and administrators in reporting progress of handicapped children to parents, a reporting conference is considered to be much more meaningful than a report card or a checklist that is sent home.

There can be little doubt that it is most essential for teachers and administrators to plan for adequate methods of reporting to parents concerning the educational growth and school adjustment of trainable mentally retarded children. When this is accomplished, it is certain that these boys and girls will then grow and achieve more nearly to their maximum potential than when parents are not well informed about the progress their child is making in school.

Individual Evaluation

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I feel as if my battle was fought and won by Dr. L'Abate when he said, "In order to rehabilitate, we must evaluate."

If I had my wish today, I would wish for each of us a set of antennas. They would fit on our heads over our ears and shoot out like butterfly antennas. They would give us that sixth sense of evaluation. They would be evaluative antennas.

Now, take the pegboard--a commonplace item in any classroom. We are familiar with its use to develop eye-hand coordination and finger dexterity. But with our evaluative antennas in operation, as we hand little Johnny this pegboard, we want to find the answers to these three questions about Johnny:

1. Does he pay attention?

2. Does he follow directions?

3. Does he complete the assigned task?

So we say, "Johnny, put a peg in each hole on the board. Fill the board with pegs." If he does this, and if this is an accomplishment for Johnny, we applaud--or we might say, "Good, Johnny, that looks like a birthday cake. Let's all sing 'Happy Birthday.'" Or we might say, "Johnny, make a fence around the board using the blue pegs, only around the outside."

"Shall I put it on the inside?"

"No, only in the outside row of holes."

Now we are teaching colors. I introduce colors with a matching game called Fish Pond. I start with just two colors--maybe red and blue. The TMR child can match colors before he can identify them. Then, as he masters the matching, I will add another and another and eventually, when all these colors are mastered, I will add shades and tints.

At the end of the day, I will make a note of each child's progress in the permanent record.

We will make a box--a covered cigar box--the first week of school. Later on it will be the math box, but for now it will be a treasure box or a surprise box. Each day it will have something different in it. We will start off our math program with physical geometry--points, lines and the shapes--circle, square and triangle.

The first day the treasure box will have a piece of string. Each child will make his string straight, then curved. Then we will dip the strings into poster paint and arrange them on a piece of paper, one side. Fold the other side over and press with the hand. Remove the string and hang to dry.

Then we will take another piece of paper and paste the colored string in a design. Let the child take this home.

Next we will learn to recognize the circles, squares and triangles. Time to evaluate again. Can each child recognize the differences between the various colors, shapes and sizes? Note results in a journal or record for each child in your file.

We want to evaluate the child's mental health. Is each child emotionally well adjusted? Does he have a self identification? Does he respond to his name? Calling the roll and singing songs recognizing the uniqueness of "Me" are important activities in reaching the goal of self-realization.

Does the child have a concept of opposites--big-little, tall-short, high-low, heavy-light, etc.? Remember, give first-hand experiences; then follow with pictures.

Articulation is only one facet of language. Assess the child's speech; locate the defect and help him to correct his speech. Show pictures to each child illustrating each consonant in each position--initial, medial and final. Write down the results but don't just file them away; use them!

There are two prerequisites to good oral communication:

1. the ability to produce intelligible speech;

2. something to say and the vocabulary to say it with.

If your evaluative antennas tell you to go beyond these, your corrective techniques will be to have the children--

1. be able to identify the correct sound among several sounds;

2. repeat the sound in isolation, using nonsense syllables in all three positions--sa, sa, sa; ace, ace, ace; asa, asa, asa;

3. put the sound into sentences;

4. replace the correct sound in spontaneous speech.

Hints: (1) Tackle only one sound at a time.

(2) Start with the sound that is easiest in the development sequence.

Develop each child's language; observe his conversation and his sentence structure. Give the child something to say. Everyone talks more effectively about familiar things.

Teach listening.

Language is social. Teach consideration of others.

To plan a program based on the child's deficiencies, at the same time developing his stronger points, evaluate the child's social maturity with a checklist adapted from the Vineland Social Maturity Scale.

Finally, evaluate the child's readiness to attempt learning before starting his training. Teach the easiest tasks first; then move to more difficult tasks, building on previous successes and repeating areas of need.

Planning a Health Program for the Mentally Retarded

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Physicians and educators agree that one of the major factors contributing to a child's optimal accomplishment in school is freedom from any disabling disease, whether organic or psychological. Health programs in school should be designed to assure and enhance the educability of the individual pupil.

These health programs should be designed to identify rather than treat children with disabilities which affect their educational experience. Definitive diagnosis and care of health problems identified by the health program of the school should be carried out by referral to the various health resources, either public or private, available within the community.

The primary responsibility for the health of the child rests with his parents, of course. When a child has an obvious health problem, it should be called to the attention of the parents with some recommendation for correction. Workers in school programs should exercise care in the kinds of recommendations they make, and not burden parents with unnecessary expense and worry because of needless referrals.

When a recommendation is made, the teacher should be familiar enough with resources within the community dealing with the problem to recommend services to parents. For this reason, the teacher should continuously seek to keep abreast of available community resources and foster communication, understanding and cooperation between community physicians, agencies and the school.

It is most desirable that every school have as part of its health program the consultation services of a private physician on a regular basis. Not only is this service important for handling emergency situations, but it is helpful in overall planning for the entire health program. A consultant physician should visit the school at least twice a year, review its health practices and make pertinent recommendations.

The following are a few of the ways in which this physician can assist the school in developing a well-rounded health program.

In the area of administration he could--

1. give consultation on policies concerning the health requirements of the center's personnel both before and after employment;

2. give advice when medical-legal considerations arise;

3. serve as liaison with community physicians and health agencies;

4. advise on medical accuracy and appropriateness of health education materials being used;

5. offer advice on the safety features of the center, usually after consultation with building inspectors and public health workers.

In the area of health services he could--

1. consult and assist in all health screening programs;

2. assist in the coordination of immunization programs conducted by family physicians and health departments;

3. advise on the control of communicable diseases within the center;

4. assist in the interpretation of the family physician's medical information which is pertinent to the management of the child with physical or mental handicaps;

5. assume responsibility for establishing and supervising emergency facilities and first aid training programs for teachers; (The physician would also assist in emergency care for students injured or ill at school when the parent and family physician cannot be contacted.)

6. assist in planning in-service education programs on health subjects for the center's personnel;

7. arrange for medical examinations of students who seem to have health problems and whose parents are unable to pay for such service;

8. assist in obtaining medical resource people for participation in health teaching programs at the center;

9. interpret information concerning the health of pupils and their families from reports of formal health evaluations, screening programs and teacher-nurse evaluations;

10. assist in the establishment of a complete health record for each child and help to identify specific health problems.

There are, of course, many other ways in which a physician can assist the staff of the school, but these suggestions are some of the ways he can help in both day-to-day health planning and in long-range planning for comprehensive health services. If you are not now using a consultant physician in your operation, I strongly urge you to consider it. You will find it mutually beneficial to both you and the children you serve.

Let us look now for a few moments at some of the components of a good general health program in a school for the mentally retarded.

When children are cared for in a group, it is necessary to protect them from health hazards more prevalent in group situations. Sometimes special provisions must be made. Some of the protective procedures which should be planned in a day care program for the mentally retarded are pre-entrance physical examination, periodic re-examination, health instruction, isolation for children who become ill while at the center and health protection of the staff. Let's look at these procedures one by one.

Before any child starts to school, he should have a thorough physical examination. The results of this examination should become a part of his permanent record at the school.

The staff of the school has to make daily decisions about the behavior of the children in their care. It is important for them to understand that part of a child's behavior might be due to physical causes. The results of the physical examination will help determine major physical problems that the child may have and may also help to determine the developmental pattern of the child's growth.

The physician making the pre-entrance examination should know why the examination is requested so he is aware that results of the examination will be used in planning future programs for the child. The teacher should alert parents of prospective students to the reasons for the examination and urge them to explain its purpose to the physician. Information thus provided can help the school staff in planning medical care, training, rehabilitation and general care and will help to locate and initiate treatment for ameliorable conditions which might affect the child's future growth and development. This pre-entrance physical examination should be given not earlier than 15 days prior to admission to assure that the child is free from communicable diseases and is in good physical condition when school starts.

In addition to a physical examination, I would strongly recommend that the child see an ophthalmologist for an eye test, an otologist for a hearing test and a dentist to determine dental defects and need for care. If a child has undetected vision, dental or hearing problems, he will not be able to progress even in a well-instructed school program.

A statement that the child has been completely immunized against smallpox, diphtheria, whooping cough, tetanus and polio must be a part of the health record submitted by the physician. A measles vaccination and a tuberculin skin test should also be done. In some cases, such as in a child with brain damage, immunizations may have to be delayed to avoid untoward reactions. This, of course, would have to be done at the discretion of the physician caring for the child. If immunizations are incomplete, the physician should submit a statement to the school, giving the reasons why and the expected time of completion. The school should follow up on this schedule for the protection of the child, the other children in the school and the school staff.

In addition to the initial pre-admission examination, it is important that the child be periodically re-examined as a preventive medical procedure. Your consultant physician can give you guidance on this and help you establish a policy concerning it. Since mental retardation is a condition resulting from many causes, it is important that a continuing program of medical follow-up be an integral part of the school's program.

All of the information provided in the pre-entrance examination and in subsequent re-examinations should be placed in a cumulative health record at the school and transferred with the pupil throughout his education. Ideally, this file would include a year-to-year record of the observations and findings of physicians, dentists, teachers, public health nurses and other professional personnel; a record of immunization; a continuing history of physical and emotional health; a clear statement of follow-up recommended and carried out; and notation of family and community factors contributing advantageously or adversely to the child's health.

The type of record to be used must be determined by local conditions. No single record will meet all needs. Adequate records vary from simple statements by the physicians as to what past or present conditions affect the child's learning capacity or his ability to benefit from an educational program, to a detailed record of medical history examination by systems and laboratory findings.

The health record can be a very valuable asset to you. It will help you to measure the progress of the children in your care in growth, development, health and other characteristics. Remember that the information in these records is without value unless it has been recorded accurately, consistently and with a view to provide answers to specific questions as they arise in the day-to-day care of the child.

Another important part of the health services of a school is its program in health education. The complexity and structure of the health education program will, of course, depend on the ages of the children in your care. If the children are very young, you might want to stress things like hand washing, tooth brushing, nutrition and rest. If they are older, you might need to work on growth and development, sex education, good grooming and proper dress.

There are many resources in the community to help you with these programs. Don't avoid a subject simply because you may feel you are not qualified to teach it.

Take sex education, for instance. There is a variety of printed material geared to all age levels on this subject. There are many films and slides that are excellent teaching aids. One of the best of these I have seen recently is "How Babies Are Made."

When you are using such materials, bring in your public health nurse, a private physician or health educator to assist you. Be sure to make the parents of the children aware of the health program you are stressing. They can give valuable support at home in reinforcing your teaching and in answering questions the children may have about it. You may want to plan a parents' night before you begin a new health series, explain in detail what you will be teaching and ask for their support.

Nutrition is, of course, an essential part of a school health program. It is desirable to provide a meal or snack as part of the daily routine at school to supplement what the child receives at home. The meal or snack should be nutritionally balanced and scheduled so as not to interfere with the regular meals at home. Before a child is given a meal at school, it is important to find out about any allergy or feeding difficulties.

To interest children in eating their lunches, talk about some of the things they will be eating. For instance, explaining a dairy and how milk gets from the dairy to the lunch table will create a lot of interest in drinking milk.

If it does not interfere with the child's appetite, it is also a good idea to plan a mid-morning snack of fruit, juice or milk.

In any school situation, children are going to become ill and need special attention. One of the important health services you will want to have in your school is an isolation room for these children. There should be a cot for the child and toilet facilities readily available. It is important that there be toys and other materials to entertain the child. Notify parents immediately. If the symptoms are severe and the parent is not available, medical advice should be sought from the child's physician or from the consultant physician to the school.

When a child becomes sick with a highly communicable disease such as mumps, measles, ringworm or impetigo, the teacher should notify the parents of the other children who have been exposed.

To handle routine emergency medical problems at school there should be a well-stocked first aid kit. Your consultant physician or public health nurse can help you determine the things you should have on hand for these emergencies. Let me caution you about drugs, especially aspirin, which might be included in a first aid kit. No drug of any type, including aspirin, should be given by school personnel unless prescribed by the child's physician. When it is necessary for the child to be given medication while at school, directions must be given in writing by the physician. Medicine containers must be plainly marked with the child's name and directions for administering. Containers must be kept in a safe place, out of the reach of the children.

A final consideration in planning a health program for your school is the health of the staff. The same requirements for the protection of children from outside sources of infection should be adhered to for the staff. Every prospective employee should have a physical examination including a chest x-ray before employment. Periodic re-examinations are also recommended. All of these health precautions should apply equally to all employees of the school. This includes administrators, clerical workers, teachers, maintenance personnel, bus drivers, food handlers or anyone else associated routinely with the school.

A good health program for a school staff also includes such things as availability of health insurance and sick leave provisions, schedule arrangements and staff selection to prevent over fatigue during the day, and provisions for adequate staff vacations.

In summary, I would say that planning a health program for the mentally retarded is essential for every school program. Base your plans on the health needs of the children in your care. Keep adequate records so you can identify these needs and make periodic evaluations of progress. Gear your health program to the total group, but keep in mind special considerations of individual children. Enliven your health program by including visits to appropriate places in the community. Use consultants from the community in health teaching. Use audio-visual aids extensively. Keep parents posted on your program so they can reinforce your efforts. Constantly stress the protection of the health of the children and the staff from unnecessary exposure to communicable diseases. Make provisions for handling emergency situations with a minimum of confusion and a maximum of caution.

These are the essential parts of a well-planned health program for the mentally retarded in a school.

Physical Environment and Special Education

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Bert and I are at this institute as representatives of a project concerned with the development of physical facilities to house special education programs. Our focus is primarily directed toward the planning of these facilities in a manner that will permit the most effective implementation of the special education programs that are to be housed in each setting.

The project is somewhat unique because, first of all, the entire area of facility design for special education has, in the past, received only minimal attention. Secondly and possibly more important, as the two major project staff members we represent two distinctly different disciplines. Bert is an architect, and I am an educator.

We emphasize our different professions because we feel that it is important that you do not regard this presentation as just the production of an architect, with little or no meaning for educators. Rather, Bert and I have mutually worked to develop this presentation in a manner which we hope will begin to suggest to you the way in which your classroom and its manipulation can contribute to not only making your teaching tasks somewhat easier but also in obtaining greater educational objectives.

In your daily activities with your children, it is very possible that you have not often thought about your classroom space other than to perhaps complain about your inability to screen out light while showing a filmstrip or perhaps the noise that comes from down the hall or upstairs. But there really is a great deal more that can be said about the utilization of space.

We suggest that you consider how nice it would be to have a classroom in which you could literally create space to suit each activity in which you are involved. For example, wouldn't it be nice to be able to dim the lights to a lower than usual level, have the children sit on a carpeted floor and read a story to them?

Wouldn't it be nice to have a teacher-student carrel that is made with materials designed to eliminate noise from outside areas and, because of its shape, would encourage the child to direct his attention to you as you work with him?

Wouldn't you like to have an office immediately adjacent to your classroom which would permit you the opportunity sometimes to sit back and simply watch your children work with or without an aide?

Wouldn't you like to have immediately outside the classroom an area separate from the main training area where the children could store their coats, boots and lunches?

Wouldn't you like to have attached to your classroom for young trainable children toilet facilities that have specially designed hardware to permit the children to quickly learn how they are used?

Wouldn't it be nice to have chalkboards that extend all the way to the floor so that the children could lie on the floor and still work on the chalkboard?

These ideas, and of course many others, come essentially from teachers working with children. However, when new facilities are constructed and others are renovated, few modifications such as these occur. The reason is that many teachers have not had an opportunity to think about space in a manner that encourages making full use of it. All too often architects alone have been involved in the design of facilities for exceptional children and teachers have not had an opportunity to express their needs.

We have recently received some initial data from a large questionnaire that some of you may have received regarding special education and environment and found evidence of the general absence of teacher-architect communication. Consider, for example, that out of a sample of more than 1,000 teachers, 34.4% indicated they had too little space while only 2.1% indicated they had too much; 11.6% were dissatisfied with the shape of their room; 22.1% had inappropriate furniture; 38% had inadequate storage; 7.9% had inadequate light; 21.1% had inadequate cooling; 19.2% had inadequate chalkboards and 20.3% had inadequate tackboards. We suspect that many of you would probably say "Those observations were made in my classroom."

So, the prime objective of our project is to begin to develop the means and the methods which will bring architects and educators together to discuss planning for buildings in a manner that permits the educational program to be carried out most effectively. Because of House Bill 453 recently passed in Georgia, we feel that appropriate focus should be upon planning.

The slides and overhead projections will begin with an abstract approach to the utilization and modification of space through a limited amount of discussion of possible solutions to a few specific problems which you may have experienced in your daily teaching.

Obviously, all questions cannot be answered, for no universal solution exists. After all, the form of the classroom must follow the determination of the educational program.

Role of the Community

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We are constantly becoming more aware of the growing need for programs to serve the mentally retarded, and this growing need is stimulating an increased demand for action at state, community, regional and national levels. In meeting these demands, we often feel a sense of urgency to provide appropriate services and facilities for the mentally retarded at all levels of retardation and for all age groups.

To assure that our programs are realistic and effective, it is important that careful planning precedes the development of services and facilities for the mentally retarded. The prime objective of all programs for the mentally retarded is to provide opportunities for each individual to obtain his fullest potential. In establishing a program, utilize community services in the planning. If we are planning an educational program for the mentally retarded, certainly other agencies and services available in the community should be consulted.

Mutual cooperation and assistance should be part of school and community resources. Community facilities and services can help the educational program, and the school program can give assistance to public or private community agencies. Each cannot provide a top quality program without the cooperation of the other.

The needs of the mentally retarded fundamentally resemble those of all of us. These needs include health services, home, school, work, recreation and secure sense of belonging. Some of these needs are particularly critical at specific periods of life, and if they are to be met successfully such needs must be met when they occur. Obviously, these needs change with age and growth in environment as well as with the impact of all such similar changes of other members of the family and community. In our planning, therefore, we should consider which agencies are most appropriately designed and organized to meet each of these individual needs. In a report of the Public Health Service Committee on Planning Facilities for the Mentally Retarded, the following basic principles for planning and programming for the mentally retarded are listed.

1. Planning of services and facilities for the mentally retarded should involve full participation of any governmental, voluntary or other agency having a major responsibility to the retarded, to the end that effective coordination can be achieved.

2. General community services and facilities should be available to the mentally retarded to the fullest extent possible.

3. Existing services suitable for the retarded, whether "general or specialized," should be identified and considered in relation to one another; priorities should be established for the organization of new services to complete the array necessary for a comprehensive program.

4. Planning of services and facilities for the mentally retarded should be related to other forms of community planning and to social and economic trends.

5. Planning agencies and organizations should stimulate the development of programs for the prevention of mental retardation concurrently with programs providing facilities and services for the retarded.

6. Adequate data should be developed to provide the base for projecting the extent, character and location of the services and facilities which will be needed.

7. Planning should be based on the total and complete needs of the mentally retarded for services and facilities rather than on the availability of financial support.

8. Short-range planning involves the selection of the higher priority in the long-range plan.

9. Where feasible and appropriate, existing facilities should be improved.

10. Facilities and services for the mentally retarded should be planned to meet or exceed these standards.

11. As far as practicable, facilities for the mentally retarded should be located so as to be readily accessible.

12. Projected needs for continuing in-service training of personnel should be explicitly considered as part of state and community planning for the retarded.

13. Planning groups should develop procedures to evaluate their activities on a continuing basis.

In order to meet the above mentioned needs of the retarded, many services and facilities should be made available to trainable mentally retarded children and their families. There are four general types of services to which we are referring. They are clinical, rehabilitative, day care and residential care. Clinical facilities should be made available for parents and their preschool children, as well as for school-age children and adults. Consideration should also be made for rural clinical services.

Rehabilitation services would include medical, social, psychological, vocational and educational services. Generally these services can best be provided in a workshop situation. There are two types of workshops. One is called the transitional workshop which is generally geared to train the mentally retarded so that they can move forward into private employment when possible or into another type of sheltered workshop facility. The second type of workshop is called the extended employment workshop where a large number of the retarded will work because they cannot be placed in competitive employment.

Sometimes, because of numbers, these workshops would involve not only retarded children but children or adults with other types of handicaps as well, thus constituting mixed disability workshops. These are recommended particularly in small communities. Another type of facility which is considered part of rehabilitation is the activity center. The activity center is for post-school mentally retarded individuals who are unable to make the transition into adult living without the help of specialized training. Quite often they appear to have childlike behavior, and their social skills are deficient to the extent that they are not capable of adjusting to a workshop facility. It is for this group that a comprehensive activity program renders assistance so that they can achieve their potential for adult living.

A third type of service which should be available for the trainable mentally retarded is that of day care. The day care service is a major resource for the working mother and is emerging as a service essential to many families of retarded children. This service gives the child an opportunity to interact with other children, to identify with adults other than the parents and to anticipate an activity designed to enhance their development. It gives the mother some free time to meet the increased domestic and personal demands which result from having a retarded child.

A fourth service which should be made available for the mentally retarded is that of residential care. Use of the large 2,000-bed state institutions is changing to use of the locally based community residential facility which serves many purposes. Such a facility could also be made available for parents in which to place their children on a short-term basis as well as for long-term care. These locally based facilities are able to function under a much more flexible program than a large state facility.

Each of the above mentioned facilities has some relationship to your educational program. Therefore, whenever such facilities and services are made available, you as educational leaders should be available for consultation to share in planning.

Now I would like to look at some of the organizations within the local community which may be of assistance to you in providing an overall educational program for trainable mentally retarded children.

Recently in an issue of The DeKalb New Era there appeared a petition for a charter to establish a new organization known as the Christian Association for the Retarded, Inc. This corporation will be dedicated to the purpose of maintaining and operating schools and other institutions which will teach, care for and aid in any other manner retarded children.

In general, the churches in the United States are becoming more aware of the needs of the retarded and their families and are working diligently to set up programs of Christian education for retarded children. I have participated in some planning sessions for the National Council of Churches in New York City, and I can assure you of the desire of this organization to improve the relationship between the church and families who have problems with mental retardation with which they are trying to deal.

Another organization with which you should be in close contact is the National Association for Retarded Children or its state or local units. The local association for retarded children unit is the primary point of contact in the community where the needs of retarded persons and their families are to be matched with services. The association's role is to provide leadership and stimulation to public and private agencies having a primary responsibility for services. In this role, local and state associations for retarded children have for nearly two decades been prime movers in securing community support for educational programs for the mentally retarded. At the national level, NARC has supported appropriate federal legislation and the development of centers for the improvement of special education.

In a number of communities a local association found that for a variety of reasons it was not possible at the beginning to rely on the public school systems to provide educational programs. Accordingly, they have started makeshift schools and classes. Though financially burdensome, these schools often serve to demonstrate the needs and rights of the mentally retarded and to show that striking results could be achieved. Today, the responsibility of the community to provide educational services for all, including the more severely retarded, is much more generally recognized, and a local unit is able to focus its attention on other needed services. Hence, we find local associations devoting more time to providing some of the services I have mentioned previously, such as assisting in the provision of clinics, day care centers, workshops, activity centers and recreational programs.

As soon as another properly constituted community authority is available to take over the operation of these five programs, it is NARC policy that the administration of these programs be relinquished to the appropriate agency. To implement its education policies and programs, NARC employs a full-time education consultant who works with local and state associations for retarded children, state education personnel and staff of colleges and universities to help with the promotion of these policies. In addition, NARC prepares and collects appropriate materials that are of help to those requesting any consultative services, exchange of information with other agencies, assistance in the implementation of federal legislation and the promotion of needed legislation.

It is also a function of the national office to analyze national trends and developments regarding the education of mentally retarded children and to disseminate information about the mentally retarded through various means. The NARC publications list includes several items related to education such as "If Your Child Needs a Special School." The NARC publishes a bi-monthly newspaper called "Children Limited" in which articles tell about new programs, research, new materials and new books.

The NARC Information Exchange is prepared in recognition of the need for prompt dissemination of knowledge about the rapidly changing mental retardation picture and serves as a clearing house of ideas, projects and activities of special interest to individuals and associations for retarded children. It also provides brief notes on individual projects and programs in different communities, such as a new type of day care program and unusual vocational workshops, or recent developments in educational research. Names and addresses are included with each item to enable the reader to obtain more material on matters of special interest. "Action Together," a companion publication issued alternately with NARC Information Exchange, reviews what must be done to secure the maximum benefit from federal laws and national programs to promote mental retardation services, research and preventative measures. Examples of legislation described in the publication are the new Federal Education Act and the White House Conference on Education. Such services are available to you at a nominal fee and should be used.

Membership in the local association for retarded children is one way that parents and teachers can meet together to discuss problems of these children. Therefore, I urge you to become an active member in this organization.

Many public school programs throughout the country make excellent use of such facilities as provided by the YMCA and YWCA recreation departments, the Jewish Vocational Service, women's clubs and many other organizations. Each community is different, and you will have to go into your community and develop some of your own contacts with these organizations and others which you might find willing to be of service to mentally retarded children.

We in education must continue to look at the problem of the trainable mentally retarded as a community problem which is to be served by many, many agencies and not just the public schools alone. These children are citizens in every sense of the word and should have available any community resources available for normal children and adults. It is only in this manner that the mentally retarded can reach their potential in terms of growth, and only in this manner can we make our communities better places for all of us.

Suggested Reading

Meyen, Edward L. Planning Community Services for the Mentally Retarded. International Textbook Company, Scranton, Pennsylvania, 1967.